From: Stefanie Hansen

PTC/SB/17 (12-04)
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FEE TRANSMITTAL For FY 2005 Figh paide Filing Date Fil	(Complete if Known									
FOR FY 2005 Applicant datims small entity status. See 37 CFR 1.27 Examiner Name ROYAL, P. Art Unit 38111 TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attomy Docket No. 6185-04-03	Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).										
✓ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3611					Filing Date		07/22/2003				
At Unit 3611 Attorney Docket No. 6185-04-03	For FY 2005				First Named Inv	rentor	WILLIAMS, T				
METHOD OF PAYMENT (check all that apply) Check	Applicant deline small arithmatatus. See 27 CER 4 27				Examiner Name	•	ROYAL,	P			
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Expensit Account Deposit Account Number_500498 Deposit Account Name: Millis Law Firm PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Examination and indicated below, except for the filing fee Examination fee(s) or credit any overpayments Examination fee(s) or credit and information should not be included on this form. Provide credit card information and authoration on Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information and authoration on Provide Credit card information shou					Art Unit 3611						
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number, 500498 Deposit Account Name, Mills Law Firm PLLC	TOTAL AMOUNT OF PAYMENT (\$) 100.00			Attorney Docke	t No.	6185-04-03					
Deposit Account Deposit Account Number 500498 Deposit Account Name Mills Law Firm PLLC	METHOD OF PAYMENT (check all that apply)										
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	under 37 CFR 1.16 and 1.17										
Sample	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
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	Name (Print/Type) Peter D. Sachtjen Date 12/20/2004								.000		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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